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#### FEC FORM 2

#### STATEMENT OF CANDIDACY

_	/ )									
1.	(a) Name of Candidate (in full)									
	Sherrill, Mikie, , ,		N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				FFO.LL ("	N		
	(b) Address (number and street) PO Box 43032	ЦС	check if addre	ss changed		2. Candidate's I H8NJ11142		cation in	umber	
	(c) City, State, and ZIP Code					3. Is This	New		14	Amended
	Montclair		N.	J 0704	3	Statement	(N)	OR	×	(A)
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	trict of Candidate				
	DEMOCRATIC PARTY	House			NJ	11				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
	NOTE: This designation should be	iled with the ap	propriate offi	ce listed in t	ne instructions.					
	(a) Name of Committee (in full)  Mikie Sherrill for Congress									
	(b) Address (number and street) PO Box 43032									
	(c) City, State, and ZIP Code									
	Montclair				NJ	07043				
8.	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my									
	candidacy.									
	NOTE: This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)  Service First Women's Victory Fund									
	(b) Address (number and street) PO Box 9									
	(c) City, State, and ZIP Code									
	Lexington				KY	40588				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Si	gnature of Candidate					Date				
Sh	nerrill, Mikie, , ,			[Elect	ronically Filed]	09/02/2021				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)  Go for Broke for Veterans						
	(b) Address (number and street) PO Box 15320						
	(c) City, State, and ZIP Code						
	Washington	DC	20003				
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	New Jersey Democratic State Committee						
	(b) Address (number and street) 196 West State Street						
	(c) City, State, and ZIP Code						
	Trenton	NJ	08608				
8.	i. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  MEECA Victory Fund						
	(b) Address (number and street) 910 17th St NW						
	Ste 925						
	(c) City, State, and ZIP Code						
	Washington	DC	20006				
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my randidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	VoteVets 2022 Victory Fund						
	(b) Address (number and street) PO Box 11293						
	(c) City, State, and ZIP Code						
	Portland	OR	97211				

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

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### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)  Luria Sherrill Victory Fund							
								(b) Address (number and street) 499 South Capitol St SW Ste 407
		(c) City, State, and ZIP Code						
	Washington DC 20003							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							